MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019745   **FILIN**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1				
3						
4		3				
5						
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46						
47						
48						
49						
50						
TOTAL	5	2				
TOTAL	29	27				
TOTAL CLAIMS	24	29				

	*		*	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
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96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS